

C.L, "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-033 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

August 21, 2007

Naomi Breeden, Administrator Huckleberry Retirement Homes II, LLC 135 N Baldy Mountain Road Sandpoint, ID 83864

License #: RC-614

Dear Ms. Breeden:

On July 17, 2007, a Fire Life Safety Survey was conducted at Huckleberry Retirement Homes Llc - Ii. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

• Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted plan of correction and evidence of resolution.

Should you have questions, please contact Taylor Barkley, Health Facility Surveyor, Facility Fire, Safety, and Construction Program, at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY

Team Leader

Health Facility Surveyor

Facility Fire Safety & Construction Program

TB/lj

c:

Mark Grimes, Supervisor, Facility Fire Safety & Construction Program

C.L. "BUTCH" OTTER, Governor RICHARD M. ARMSTRONG - Director DEBBY RANSOM, R.N., R.H.I.T – Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

July 31, 2007

Naomi Breeden, Administrator Huckleberry Retirement Homes, LLC-- II 135 North Baldy Mtn. Road Sandpoint, ID 83864

Dear Ms. Breeden:

On July 17, 2007, a Fire Life Safety Survey was conducted at Huckleberry Retirement Homes LLC - II.

The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by August 16, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES, Supervisor Facility Fire Safety & Construction Program

MG/lj

Enclosure

FILE COPY

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES

(X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED 01 - ENTIRE BUILDING A. BUILDING B. WING 13R614 07/17/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1408 PONDEROSA DR **HUCKLEBERRY RETIREMENT HOMES LLC - II** SANDPOINT, ID 83864 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) R 000 Initial Comments R 000 The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on July 17, 2007. The surveyor conducting the survey was: **Taylor Barkley** Health Facility Surveyor Facility Fire safety & Construction **Bureau of Facility Standards** TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM YRLC21 If continuation sheet 1 of 1



BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888

Facility Name	 Physical Address	Phone Number	
Huckleberry Retirement	1408 Pondarosa Drive	(608) 255- 7248	
Administrator /	City	ZIP Code	
NAOMI BREEdEN	5 And point	83864	
Survey Team Leader	Survey Type	Survey Date	
TAYIOR BATKley		7-17-7	
NON-CORE ISSUES			

Survey Team L	eader		Survey Type 1	Survey Date	
T	SIOTER	BARKley		7-17	- 7
NON-COF	RE ISSUE	S			
	ULE# 5.03.22		DESCRIPTION	(1)	DATE BFS RESOLVED USE
-1	6.07	The facility	did not conduct one	drill pershift	
		per donner	AS Regulared		OK-75
3. 16	01 01	The facility	does not have Awa	citlen smoking	
ı		policy			OK, 7B
,3.40	5.05	The venting f	or the boiler goes the property of the flashing installed	rough the ceiling	SC SECULAR DIFFERENCE OF THE SECURAR DIFFERE
		There is No	2 Flashing installed	to cover the	
<i>"</i>		gap in the	Cc11,N6,		8-90-7
H H1	5.01			- 1 11	
	10.01	has been	v head in the emplo	yee <u>Dathroom</u>	8-20-7
		· · · · · · · · · · · · · · · · · · · ·	Salvo Lea Will Will Cons	1000 reproces	
			<u> </u>		
			· · · · · · · · · · · · · · · · · · ·		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Response Req	uired Date	Signature of Facility Representative			Date Signed
8-1	7-7	Klbecca Lan	€		1-17-01

0